- Effective October 1, 2003 10788887													i
CLAIMS AS FILED - PART I SMALL ENTITY OTHER TO COLUMN 1) (Column 2) TYPE OR SMALL EN												1	
TOTAL CLAIMS			19					RATE	FEE	7	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	385.00	OR	BASIC FEE	770.00	1
TOTAL CHARGEABLE CLAIMS			19 minus 20=		• 0			X\$ 9=	0	OR	X\$18=		-1:
INDEPENDENT CLAIMS			₹nus 3 =		0.			X43=	Ö	1			ţ
MU	ILTIPLE DEPEN	IDENT CLAIM P	RESENT		. 0			+145=	0	OR			Ì
* 11	the difference	in column 1 is	ess than zero, enter		"0" in column 2		.	TOTAL	385	OR	TOTAL		-
}	C		IOIAE	1783	JOR	OTHER	THAN	T					
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR			
AMENDMENT A	4-21-05	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	, continued to	RATE	ADDI- TIONAL FEE	
	Total	. 9	Minus	" 2	0	=		X\$ 9=		OR	X\$18=	·	
	Independent			*** 3		= /		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM	/	•	+145=	/	OR	+290=		1
						•		TOTAL ADDIT, FEE	ζ	OR	TOTAL ADDIT, FEE	· · ·	<u> </u>
		(Column 1)		ADDIT. PEE	L	d ~	AUUII. PEE	•	1				
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	44		e		X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		-	↓	X43=		OR	X86=		ľ
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=		1
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		1
	. • •			٠.		ADDII. FEEI	·	1					
AMENDMENTC		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER JUSLY	PRESENT EXTRA		PATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		= ·		X\$ 9=		OR	X\$18=	•	
	Independent	*.	Mirius _.	***			lŀ	X43=	·		X86≈		
4	FIRST PRESE	JUTIPLE DE	TIPLE DEPENDENT		CEAIM		+145=	·· ·	OR			ŀ	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
ં•• (If the "Highest Nur	mn i is less than in mber Previously Pa mber Previously Pa	ld For IN THI	S SPACE is	less than	20, enter "20."	ј А	TOTAL DOIT. FEE		OR ,	TOTAL ODIT. FEE		
		ber Previously Pai					Llow	d in the nor	ropriale box	امع من	mn 1		

Application or Docket Number